Michigan Department of Agriculture and Rural Development

LA Pho DA In A AGRICULTURE	LANSING MI 48909-8276 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov DAIRY TANKER TRUCK LICENSE APPLICATION In Accordance with Act 266 of 2001 and Public Act 267 of 2001								
& Rural Development									
STEP 1: ORGANIZAT									
*Ownership Type:	ip								
*Ownership Name:									
**Federal Identification									
Email Address:									
*Mailing Address:									
*City	*04-4		417°			Office Use Only			
*City:	*State:	*Zip		p:		1268			
STEP 2: BUSINESS IN	FORMATIO	N							
*Business Name:									
*Address:									
*City:	City:			*Zip:		*	County:		
STEP 3: CONTACT IN	NFORMATIC	ON							
*Primary Contact Name:				*Phone:					
Email:			Address:						
City:	State:		:	Zip:			Country:		
Additional Contact Name:				Phone:					
Email:				Address:					
City:	State:			Zip:			Country:		
STEP 4: DAIRY TANI	KER TRUCK	FEE - Make check/r	money o	orders payabi	le to the Si	tate of Mic	higan		
*Nonrefundable Dairy Total Number of Tank			nker)	=		ASC He	ot Key (mdard use only): 1268		

By submitting this application and payment I hereby verify and affirm that all information contained in this application is true and accurate.

^{*} Please note that all fields marked with an asterisk (*) are required and must be completed in order to process your license application

^{**} Please note Federal Identification Number is not Required for Individual Ownership Types

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STEP 5: VEHICLE INFORMATION – List ALL vehicle associated to the Business Information in STEP 2												
*VEHICLE IDENTIFICATION NUMBER (VIN)	*TANKER TRUCK (select one) CAN TANKER		*VEHICLE YEAR			*LICENSE PLATE NUMBER	*LICENSE PLATE STATE					
L												

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